

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

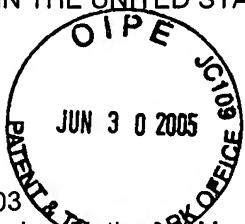
Osamu OMORI

Serial No. 10/724,581

Confirmation No. 8614

Filed: November 26, 2003

For: Semiconductor Device, Method of Manufacturing The Same, Circuit Substrate and Electronic Equipment

Art Unit: 2813
Examiner: Mitchell, James M.*JPM*

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
June 27, 2005
Date of Deposit
Juanita Soberanis
Name
Juanita Soberanis
Signature
06/27/05
Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- Response To Restriction Requirement.
 Return Postcard.
 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20 **	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3 ***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS							LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)							\$250 FOR EACH ADDITIONAL 50 SHEETS
							TOTAL \$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Troy M. Schmelzer
Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: June 27, 2005

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PATENT
Attorney Docket No. 81754.0105
Customer No. 26021

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Signature Date

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the office action dated June 1, 2005 setting forth a restriction requirement, applicant elects for prosecution the invention of Group I, claims 1-14, drawn to a method. Any fees due with this response may be charged to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By:

Troy M. Shmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: June 27, 2005

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